

SAN ANTONIO POLICE DEPARTMENT SUPPLEMENTARY PROPERTY LOSS REPORT								Case Number	
Offense			Location of Offense					Patrol District	
Date(s) of Occurrence						Time of Occurrence		Date of Report	
Reporting Officer			Report Received By			Date Received		Detective Assigned	
<input type="checkbox"/> Auto Theft		<input type="checkbox"/> Robbery		<input type="checkbox"/> Property Crime (Theft and Burglary)				<input type="checkbox"/> Other Unit _____	
Please read instructions on reverse side before completing this form									
Victim or name and type of business				Residence Address				Residence Phone	
				Business Address				Business Phone	
I am aware of the fact that it is unlawful to make a false report to a police officer. I affirm that the information below is true and I wish to assist in the prosecution of any person(s) responsible for the offense described above. I understand this data may be computerized in local, state and national files.									
Quantity	Article	Was this article listed on the initial offense report?			Brand	Serial Number	Model Number	Miscellaneous Description	Current Value
		Yes	No	Unknown					
Signature of person reporting					Relationship			Date	